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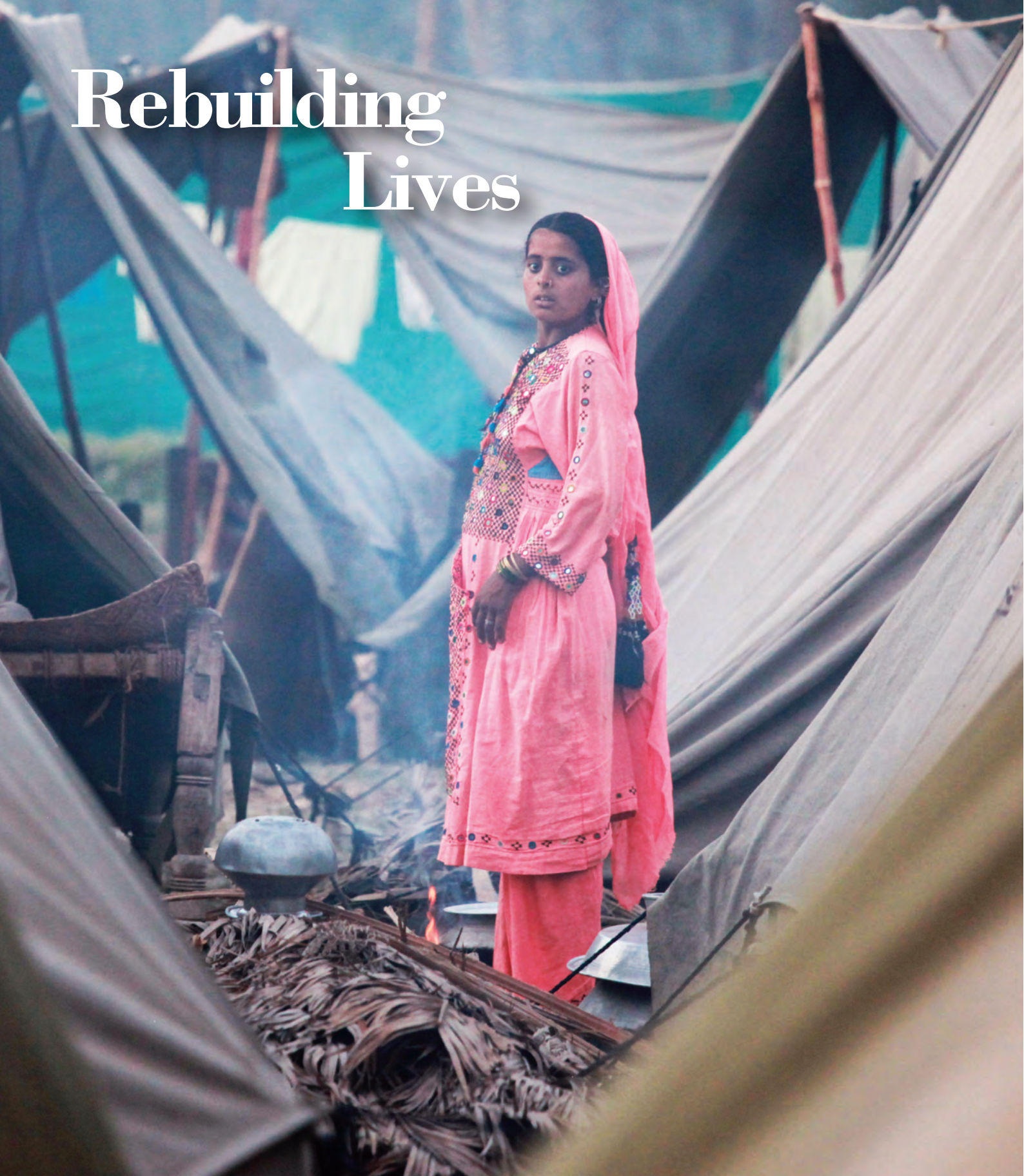
THE AGA KHAN UNIVERSITY *Newsletter*



Spring 2011

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Rebuilding Lives



Flooded Out!



National disasters, a period characterised by despair and pain, is also a time when people and institutions come together to aid the affected with single-minded purpose. The University, as a national institution, played its part assisting the victims of the Flood of 2010, the worst in recorded history, affecting 20 million people and covering a fifth of the country's land area.

“We left in a rush for Khairpur and Sukkur, the five of us, a senior paediatrician, a local gynaecologist, two final-year medical students and myself, a public health specialist,” recalls alumnus Syed Nabeel Zafar, Research Instructor, Department of Surgery.

“It was the end of August and flood waters had inundated towns and villages in upper Sindh. Our plan was to visit camps set up for the flood displaced – five days and 15 camps later we had attended to over 500 patients, providing basic care and medications.

“We saw first-hand, and for the first time, a disaster on a scale beyond measure or imagination. There was so much chaos that it was difficult to grasp the situation. People cramped together in school buildings, tents or along roadsides with nothing of their own. The local government was completely overwhelmed and struggling to provide food, water, shelter and clothes to this massive influx of refugees. Many already suffered from poor health and the floods had further aggravated the problem. The most common illnesses were diarrhoea, skin problems and respiratory infections. The most severely affected were women, children and the elderly. Nearly every child was malnourished and every woman anaemic. Every third female

of child-bearing age was pregnant. Hospitals were overrun and did not have adequate staff, beds or space. Despite the large number of people needing help, we attended to each patient, treating acute cases. We sent daily reports back to AKU so that more people could be motivated to volunteer and be directed to where they were needed the most.

“The poor sanitary conditions and the sheer lack of basic personal hygiene were alarming. Since they knew no better, people had no qualms about eating where they had defecated. Newborn children lay in the mud, smothered in flies. There was garbage and filth everywhere with people and animals sharing the same living quarters. In such difficult conditions, it is vital for people to have knowledge of basic hygiene and sanitation practices that can help prevent infections and disease. The perfect ‘force’ for this training challenge were the lady health workers (LHWs). Since most of them are familiar with the local language and culture, they integrate well with local communities. We trained and motivated as many LHWs as we could on how to deliver health messages in the hope that it would benefit all they came in contact with, now and later. The silver lining here was that the flood had brought these neglected people within the reach of interventions.”

At the University, a Flood Relief Committee called for volunteers, put together teams and organised medical supplies.

“One of the first distress calls was from Khairpur, Sindh from the district health department,” recalls Dr Farhat Abbas, Dean, Medical College and head of AKU’s flood relief efforts. “A diarrhoea epidemic had broken out in the city and the district headquarters (DHQ) hospital had wards available but not enough staff. Could we send doctors and nurses?”

An AKU team with a family physician, a paediatrician, nurses and midwives was immediately dispatched. Khairpur had become home to one of the largest number of displaced people in Sindh, the majority children, and the team at the DHQ hospital went on to treat over 800 children in just the first week, over half with severe diarrhoea. Due to their close and constant engagement, the team members were quickly able to detect, confirm and manage a cholera outbreak in Khairpur – and flag the danger to the World Health Organization and the Sindh government.

The next call was from the district administration in Sukkur, the third largest city in Sindh and another hub for the flood displaced. “Could AKU run two paediatric wards in the unused Railway Hospital?” was the request. Another larger team with supplies was rushed there. The picture was the same as Khairpur and the team treated a stream of children arriving with acute gastroenteritis, fever and, occasionally, typhoid and

malaria; women malnourished, anaemic and many ready to deliver. Working non-stop, the team treated 150 to 200 patients a day.

Another call and another AKU team left for Usta Mohammad in district Jaffarabad, Balochistan. Raging flood waters had cut the town off from the rest of the province. Working with the Air Force, the team had to be air-lifted from Quetta, the provincial capital, to Usta Mohammad, becoming the very first relief team to arrive in the area. The Usta Mohammad Labour Hospital, unused since 2004, became home base as paediatric, medical and gynaecological clinics were set up, along with a small emergency room and pharmacy. Soon over 300 patients a day were flowing in. When the numbers became too large to manage indoors, the team built improvised facilities outside: ropes separated spaces, and charpoys became makeshift consulting beds. To reach refugees isolated by the floods, small teams of doctors and nurses were taken daily by boat to the flood-stricken areas of Saifullah Shah, Noorpur Shah and Gandaka.

The calls continued and AKU soon had several teams in the field providing health services through camps, mobile units and government-run basic health units and hospitals; at the University, a range of departments supported the efforts, providing people, medical supplies, food, transport and security. Between September and December 2010, AKU expanded the range of its services from 6 to 15 districts across Sindh,



Health services for flood-displaced women and children were the first priority at AKU health camps.

Zaigham Islam

southern Punjab and Balochistan. By the end of the year, almost 250,000 patients had been seen, women and children equally followed by men.

As the flood waters recede, it is clear that both sides of the Indus River have borne the brunt; but the real catastrophe still lies below the surface – malnutrition.



Usta Mohammad, Balochistan: improvising outdoors to provide medical care to crowds of people affected by the flood.

Saba Aijaz

A rapid health and nutritional survey of children under five and mothers in AKU-run relief centres and the surrounding communities in 10 districts has found, not surprisingly, that the disaster has exacerbated existing conditions. The number of children underweight, stunted (short for their age) and wasted (less weight than appropriate for their height), all victims of chronic malnutrition, have increased. Almost half the women between 15 and 49 years of age have been found to be wasted and around 43 per cent are anaemic.

AKU is working with the LHW programme – more formally known as the Ministry of Health's National Programme for Family Planning and Primary Health Care – to reach out to these most vulnerable of children and mothers in Sindh. Together, they are providing supplementary and ready-to-use therapeutic foods to high-risk infants and young children in these communities, as well as supplementary foods to anaemic women. Women of reproductive age in food insecure households are being linked with existing district support mechanisms: flood relief agencies, government income support programmes, and feeding projects launched by the World Food Programme and UNICEF. The results of the survey are also feeding into an in-depth review of the nutri-

tion training offered to LHWs, to improve the advice they offer new mothers.

Like malnutrition, other similar long-standing issues are also resurfacing. Poverty, lack of clean water and a general lack of knowledge of basic hygiene practices have become very apparent. In

response, AKU has developed a special WASH (water, sanitation and hygiene) manual, which is now being used for community education.

AKU is monitoring a standard set of health indicators daily at all its sites. It detected an outbreak of cholera in Khairpur and is now seeing a surge in malaria and dengue fever cases. The data is being shared with the Health Cluster, a set of organisations working under the UN OCHA (United Nations Office for the Coordination of Humanitarian Affairs) umbrella, which runs an early warning system to identify health hotspots and epidemic outbreaks.

The UN has acknowledged that the scale of the floods and the number of people affected is beyond the capacity of the government and the international community to manage on their own. They will require many partners to reach all those affected. AKU is one of those partners and is supporting the UN call for an integrated approach to public health that combines health, nutrition and basic WASH facilities and services in priority areas. More importantly, the University is using its extensive experience in community-based medicine and research to help establish a more resilient response at the local level – educating communities on how to care for themselves.

The real work has only just begun.

The programme to provide health care and nutrition has been made possible by the generous support of the American people through the United States Agency for International Development (USAID). In addition, to provide a head start to the University's relief efforts, AKU employees contributed a day's salary to fund medications and other items used by AKU's medical teams at their stations, collecting over Rs 7.9 million towards this effort. Over 620 faculty, staff and students volunteered their time for field or administrative work.

The Gift of Sound

One of Aga Khan University Hospital, Karachi's innovative programmes celebrates an important milestone ... a hundred people helped to hear for the first time through cochlear implants.



Saleema was a baby when her mother sensed that her daughter could not hear. Anxious for advice, her parents sought help from the Aga Khan University Hospital, Karachi. Diagnosed as severely nerve deaf, it turns out that an operation and an electronic device, a cochlear implant (CI), could help Saleema hear the sounds of life for the first time – the voice of her parents and the everyday sounds that we all take for granted.

Although it has been 40 years since people have been assisted to hear again with various devices, cochlear implants are still relatively new as a technology that has revolutionised the treatment of deafness. The US Food and Drug Administration estimates that until 2009, only 188,000 people worldwide have been fitted with a CI device. But for the severely nerve deaf whose hearing loss is because of problems with the hearing organ itself – the cochlea in the inner ear – this implant is their only chance to hear. CIs are a team effort, from the surgeon who inserts the tiny electronic device whose signals stimulate the auditory nerve, to the audiologists and speech professionals who provide the therapy programmes that help people learn to process sounds and to speak.

In September 2010, the University Hospital celebrated an important CI milestone – a hundred people who can hear for the first time or are able to hear again, thanks to CI surgery and speech therapy. “It

was a moment to pause and consider what we had achieved – of helping people who live in the deafening world of silence to hear again,” says Dr M. Sohail Awan, the otologist responsible for introducing the procedure at the hospital, “and to be able to help them at their own doorstep rather than by sending them out of the country.”

Saleema had just turned four when she came to the hospital, profoundly deaf because of birth trauma. The first step was to assess whether she was a suitable candidate for a CI. Traditional hearing aids did not help, the subsequent medical evaluations were satisfactory and, most importantly, her family could offer the support she would need through the long-term rehabilitation process.

A short surgery, a one-day hospital stay and Saleema was home again. Four weeks later, she was back for the all-important first fitting, when she tried on her speech processor and the initial adjustments were made to suit her individual needs for a tolerable, yet audible, level of electrical stimulation.

“Imagine going from total silence to a new world, of sounds you cannot understand or comprehend,” says Dr Afshan Rahat of the Hospital’s Speech Therapy Clinic who works specifically with children with implants. “We start with soothing sounds to ensure that they are comfortable with the audio levels of their implants and then introduce sounds such as

door bells, whistling and running water to name just a few.” While speech therapy usually lasts between three to four years, Saleema made tremendous progress in her first six months, developing basic listening and speaking skills.

The AKU CI programme has not stopped at surgery and rehabilitation. It has gone on to cover financial assistance and research as well. CI devices cost between US\$17,500 and US\$23,500 and while supplied at a reduced cost to countries like Pakistan, only

AKU research has revealed that 79 per cent of its cochlear implant patients were born deaf. Seventy-one per cent were children of consanguineous marriages – in other words, their hearing loss was inherited from parents who were blood relatives.



half the patients are able to fund this surgery on their own. The rest have no choice but to rely on donor funding, usually from multinationals or NGOs. The CI and the University Hospital patient welfare programmes, working together, help patients and their families raise funds earmarked for the implant process; ordinarily funds for the welfare programme are placed in a general account and used to help any patient eligible for assistance.

Following CI outcomes has also been key to research and improving the programme. Almost all the CI patients at the University Hospital have been children, 95 per cent of them 12 years and younger. Evaluating children who have used a CI for at least a year has shown that those who receive CIs at 1 year to 3½ years of age are able to achieve reasonable vocabulary and speaking skills within two years of receiving the implant. More importantly, post-implantation research shows that this particular group is usually two to three times more proficient than those who receive CIs between the ages of 3½ to 14.

Adults who lose most or all of their hearing later in life can also benefit from a CI since they are able to associate the new auditory information with sounds they remember.

AKU research has also revealed that 79 per cent of its CI patients were born deaf. Seventy-one per cent were children of consanguineous marriages – in other words, their hearing loss was inherited from parents who were blood relatives.

Consanguineous marriages are a socio-cultural norm in Pakistan, South and West Asia and in many regions of Africa. The Pakistan Health and Demographic Survey 2006-07 indicated that the country has one of the highest reported rates of such marriages in the world with 61 per cent between first and second cousins. In societies where most married couples are not related, genes for hearing loss can stay hidden for generations. In children of consanguineous couples, inherited disorders are more common. Counselling is now being provided to help parents understand their risk of having more children with hearing loss.

Four years with a CI and Saleema's future is no longer handicapped by her hearing impairment. “She is now eight and able to hear just like the rest of us,” says her grateful mother. AKU's cochlear implant programme was her opportunity to take the first crucial step in the journey to a lifetime of hearing and speaking.

It was no small honour when the World Health Organization (WHO) recently designated the University's Department of Emergency Medicine as a WHO Collaborating Centre (CC), one of the first in the world for emergency medicine and trauma care. "Health care in developing countries is not focused on emergency medical care. Ironically, greater attention is needed in these countries as injury rates are higher while injury control activities are much fewer," says Dr Junaid Razzak, Chair, Department of Emergency Medicine at AKU.

"Emergency care can make important contributions to reducing avoidable deaths and disability, especially in low- and middle-income countries."

As a WHO CC, the Department will become part of an international research and training network, carrying out activities in support of the Organization's local, regional and global programmes. It is not a new idea: WHO appointed a 'reference' centre as soon as it was established, starting with the World Influenza Centre in London, charged with the early detection of new flu viruses in human populations worldwide. In 1949, this idea that WHO should advance research in health by "making use of the activities of existing institutions" was cemented by the Second World Health Assembly. Since then national institutions have been contributing to WHO's international agenda in areas such as nursing, communicable diseases, nutrition, mental health, chronic diseases and health technologies.

One of the first goals of the AKU Collaborating Centre will be to carry out public health research in injuries. Around the world, injuries range from the unintentional, such as falls, road traffic injuries, pedestrian injuries, work related injuries, drowning and poisonings to intentional/violent injuries that include assaults, homicides and suicides. The Department will focus on identifying injuries at the population level and on cost-effective solutions for emergency care. WHO's last international study on the global burden of disease, in 2004, unsurprisingly pointed out that over

90 per cent of unintentional injuries were in low- and middle-income countries with over a third from road traffic accidents. Road traffic injuries are projected to rise from the ninth leading cause of death globally in 2004, to the fifth in 2030.

Working with the WHO Regional Office for the Eastern Mediterranean (EMRO), the Centre will also

Accolades from WHO



Uzma Mulla

build the capacity of public health professionals in injury prevention and control, and emergency care providers in trauma care.

"The Department has been actively engaged nationally, regionally and globally in most of WHO's efforts in primary prevention, capacity building, injury research and trauma management," says Dr Syed Jaffar Hussain, Regional Advisor, Health Promotion and Injury and Violence Prevention and Disability, WHO EMRO. "The designation of the Aga Khan University as a WHO CC is a recognition of its valiant efforts. Given the fact that the University is offering its services to a wide range of audiences in different countries, it is well-positioned to effectively serve this role as a WHO CC and support the Organization's efforts in injury prevention and control."



Frigoken's processing factory: delivering both commercial excellence and community benefits.

AKDN

IT'S TIME FOR AFRICA

Karibu, welcome!

Join AKU donors and supporters Janice Noble, her husband Gordon Reid and their daughter Shona Reid, on a trip to AKU and Aga Khan Development Network's projects in Eastern Africa in 2010. Read their diary to experience the hope and 'can do' spirit powering transformations in the region.

Day 1: Nairobi, Kenya Uaso Nyrobi, the Maasai's old watering hole, and 'Mile 327', the British East Africa Railway's supply depot between coastal Mombasa and inland Kampala, is today not only the commercial heart of Kenya but the communication and financial centre for eastern and central Africa. We are struck by how cosmopolitan Nairobi is with its vibrant arts and culture scene and many nationalities working and living together. Yet it is a city of contrasts, modern malls cheek-by-jowl with Kibera the second largest slum in Africa, four-lane highways besides streets choked by unending traffic jams and exhaust fumes. It is in this city that Aga Khan University is aiming to become a



beacon; a hub of quality university education in the region.

Our first exposure to the University is Aga Khan University Hospital on Limuru Road, where hectic construction work to add a new US\$ 46 million state-of-the-art Heart and Cancer Centre is very visible. We are both surprised and impressed with the effort being invested to make this a world class facility – and on making this as comfortable an experience for the patient as possible. The Hospital is setting the standard for health care in the region and, because of its reputation, attracting returning health care professionals and educators who are originally from East Africa. It is also drawing well-known physicians and educators from the developed world, including Canada. The new Dean of the AKU Medical College in Nairobi is Dr Robert Armstrong, who has held leadership positions at the University of British

will offer degrees in medicine and nursing besides its current postgraduate medical education and advanced nursing studies programmes.

Day 2 Early next morning and it's off to Frigoken, the largest exporter of processed green beans from Kenya, with an 80 per cent share of the market. We are very interested in Frigoken. Why? It's an AKFED – Aga Khan Fund for Economic Development – company where one can see philosophy in action. Its success is not through industrial farming but through educating and empowering small-scale farmers in rural Kenya! Bean farmers with small plots – around 200 sq m of land, the size of a home garden – are individually contracted to Frigoken. In turn, they are offered a guaranteed market and price, and a bundle of services including seeds and other inputs on an interest-free recoverable basis as well as agricultural education. Quality control, central collection centres and transport to the factory are all responsibilities shouldered by the company. They have even set it up that should a farmer require any financial help before the harvest season, Aga Khan Agency for Microfinance (AKAM) is there to back them up. We learn that the repayment rates on AKAM's loans are very high, an amazing 96 per cent every year.

Frigoken provides employment to over 60,000 bean farmers and a chance for these people and their families to earn a steady income throughout the year instead of peak season alone. An additional bonus is the opportunity to learn agricultural skills that can be used anytime, anywhere. We are reminded of the parable – why give a man a fish when you can teach him how to fish. Teaching is clearly the AKDN way. We also see that you cannot grow and strengthen an economy meaningfully without strengthening education.

If this is the upside in the rural areas, urban Nairobi and Frigoken's processing factory is a demonstration of women at work. The 2,000 plus production force is 95 per cent female and unskilled. These are women who may not find a job elsewhere but at Frigoken this is their first chance to earn an income and take advantage of a broad range of self-advancement opportunities. Mothers are encouraged to work as child care is provided at the plant – a unique offering we are told in the region. Health and personal hygiene training is also available, benefiting the women and by extension, their families. The Frigoken story is one of empowerment and development as it provides livelihoods to farmers and women through a profitable sustainable enterprise – for many who would not have the income generating opportunity otherwise. We are inspired.



Language lessons at the Zanzibar Madrasa Resource Centre.

AKDN

Columbia (BC), the BC Children's Hospital and BC Women's Hospital.

The Hospital is to be the centrepiece of AKU's new Faculty of Health Sciences (FHS), to be built on a separate campus in Parklands. It will welcome students not only from Kenya but eventually from all the East African Community countries – Burundi, Kenya, Rwanda, Tanzania and Uganda. Under the FHS umbrella, the Medical College and School of Nursing and Midwifery



Shona Reid with students of the Ushirika Child Centre.

Jan Damery

Then onto an afternoon with an alumna in action: Lucia Buyanza. Raised in the slums of Pumwani and Kibera, the latter one of the largest shanty towns in Africa, she has educated herself through college and nursing. Today, she is Deputy Nursing Supervisor of the medical ward at the government-run Mbagathi Hospital in Nairobi, studying for a bachelor's degree in nursing at the University and involved in numerous projects in Kibera, her home.

When not wearing her nurse's hat, Lucia is a community leader. She coordinates a women's support group where single mothers are advised on issues ranging from the importance of health and hygiene to protecting themselves from abuse – advice they could not access elsewhere. To increase their job opportunities and mobility, they are also being taught basic computer skills. Lucia has also demonstrated immense courage and perseverance in tackling the national bureaucracy to ensure these women all have identity cards so that they can vote, work and receive health benefits. To date over 90 women now have an official status.

Lucia, along with a group of volunteers, has established the Ushirika Child Centre in Kibera which is educating children from the slum who cannot access public schools. Kibera, as an informal settlement, is not a recognised community in Nairobi and its citizens tend to lack access to public facilities including schools. Together with David Kitavi, the school principal, she has managed to find the donors and sponsors needed to help the school grow. Each year, a new class level is added to keep the children in school as they progress, along with more classrooms, teachers, toilets, books and school supplies to meet growing needs. A computer room is the latest project. Chatting with the children, we were struck by their genuine and healthy curiosity especially for Shona who was similar in age – 11 years old. Where was Shona from? What level was she at in school? And what did she want to be when she grew up? When we left the school that day we talked about whether these lovely children were as happy or happier than the children at Shona's private school in Vancouver, Canada. "Oh mommy, these children are way happier!" was Shona's unhesitating reply.

Day 3: Zanzibar, Tanzania

Next stop, Zanzibar. For

centuries, the islands of Pemba and Unguja were a pit stop for traders sailing between Africa and the Middle East. Ivory, slaves and spices were the commodities traded most and Stone Town was a well-known slave-trading port before the British suppressed this traffic. Today, Zanzibar still exports spices.

It is an island where little priority has been paid to education. In rural communities, only one in four persons is literate and most children drop out after primary schools – where students often outnumber teachers 73



The Ushirika Child Centre offers education to children from Kibera who cannot access public schools.

Jan Damery

to 1. The Aga Khan Foundation's Zanzibar Madrasa Resource Centre has stepped into the breach. ZMRC has shown that if poor communities can manage their own youngsters' early childhood education, by establishing and managing quality preschools, their children have a boost and a better chance at formal schooling in a difficult environment.

The results have been so convincing that the Centre is now present in 84 communities reaching out to over 5,700 students across the two islands, while maintaining a 15 to 1 student to teacher ratio in its preschools. And there is no better way to measure the results than the enthusiasm evident in the girls and boys we met during a visit to a school outside Stone Town. We trekked through a tropical jungle in single file to find a simple cement school overlooking the Indian Ocean. Bright, attentive faces, eager to learn, holding their pencils tightly, aching to draw or write something in their books. We watch Mohamed, a 4-year-old, work on a math equation. He is huddled over his workbook, using bottle caps to help him solve 7 plus 5. We are called



One of AKAM's entrepreneurial women who has been able to expand her business through microfinance.

Jan Damery

outside to meet a community leader and have barely finished greeting one another, when a teacher signals and points to a child running towards us – and there is Mohamed, workbook in hand with the biggest smile ever seen. Proudly, he demonstrates that 7 plus 5 equals 12. We are so touched that he wanted to share this with us; tears are in many of our eyes. We have great hope for this 4-year-old and his class mates.

Day 4: Zanzibar, Tanzania

We start the day with an amazingly confident, colourful group of entrepreneurial women – 19 in total, plus one man. This group is supported by AKAM and we join their weekly meeting to learn about the challenges and victories of their local businesses. Ranging from *chapati* vendors to seamstresses and dairy farmers, collectively, these entrepreneurs have repaid their entire loan, 100 per cent, and are very proud of their success. Because of AKAM they have been able to support themselves and their families as well as expand their businesses by purchasing the required sup-

plies or cattle. In the case of the seamstress, she has been able to hire two employees given the growth and success of her business. We are able to witness firsthand the ripple development effect of microfinance. We ask about the one man in their group and the response is laughter: he is more like a woman than a man because he works hard!

Day 5: Dar es Salaam

We are off to Dar es Salaam, to see AKU-

IED, East Africa, that welcomes practising teachers and education administrators to its courses. Professionals from primary and secondary schools, teacher training colleges and the government, from across Kenya, Uganda and Tanzania come to upgrade their skills and gain new knowledge. Here, faculty engage students in child-centred, activity-based learning and reflective practice, teaching organisation skills and motivating educators to go the extra mile using the resources they have available.

Mianzini Primary School and Jamhuri Secondary School with 1,500 students each, are in the heart of Dar. Teachers are expected to cope with large classes and students with different backgrounds and skills. In classrooms with AKU-IED teachers, there is an energetic vibe. Desks are arranged in circles, allowing the students to work in groups. Student participation is encouraged and questions sought. This is in stark contrast to other classrooms where only the teacher speaks and the student writes. AKU teachers are focused on the students, challenging them to think and solve problems as opposed to memorising and reciting answers. These learner-centred methods are raising the quality and applicability of education in these classrooms.

Many of AKU-IED's graduates are now employed as school heads and educational administrators, positions in which they can revise the curricula to make it more relevant, helping school graduates to be better prepared with the critical thinking skills they need for jobs in the 21st century.

People with hope, people with skills and knowledge – this is an Africa committed to change, an Africa undergoing transformation. We are moved and inspired by how wonderful the people are – welcoming, gracious and charming. Relative to the conditions in which most of them live, it is truly humbling to witness their determination to do better. We are impressed by the role AKU and AKDN are playing in this transformation.

Janice co-chairs the Friends of AKU Committee in Vancouver, Canada. This travel diary also reflects some of the experiences of their Aga Khan University travel guides.



AKU University Village Receives Award

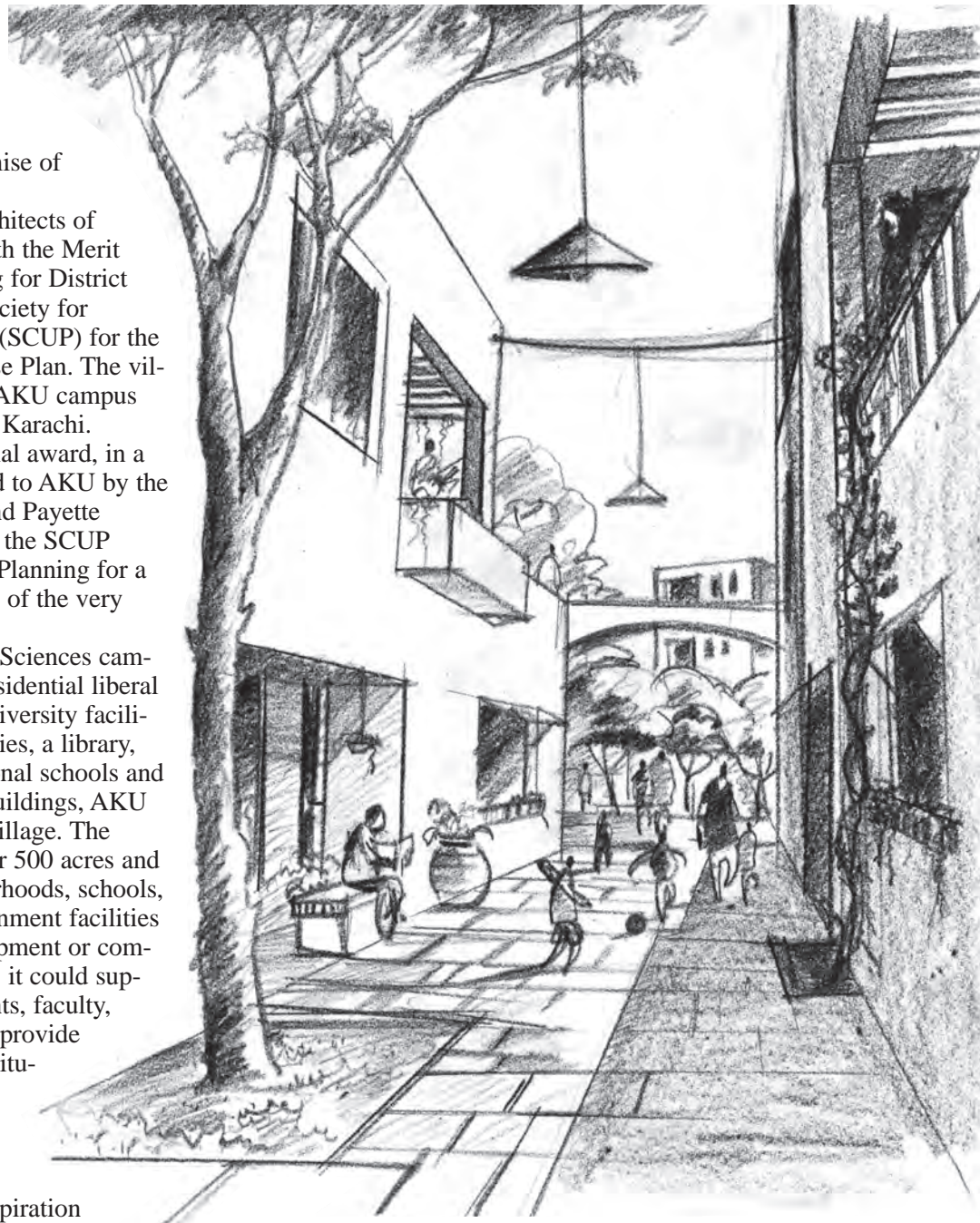
Even before it has been built, Aga Khan University's new campus for the Faculty of Arts and Sciences (AKU-FAS) in Karachi, Pakistan is already showing promise of being a landmark.

AKU and Goody Clancy Architects of Boston, Mass. were honoured with the Merit Award for Excellence in Planning for District or Campus Component by the Society for College and University Planning (SCUP) for the AKU University Village Land Use Plan. The village will be built adjacent to the AKU campus in Education City, 50 km outside Karachi.

This is the second international award, in a span of just three years, presented to AKU by the Society. Earlier, in 2008, AKU and Payette Associates of Boston, Mass. won the SCUP Honour Award for Excellence in Planning for a New Campus for the Master Plan of the very same campus.

The new Faculty of Arts and Sciences campus is based on the model of a residential liberal arts college. Alongside typical university facilities such as classrooms, laboratories, a library, student centre, graduate professional schools and the University's administration buildings, AKU is also developing a University Village. The University Village will cover over 500 acres and will include residential neighbourhoods, schools, retail shops, services and entertainment facilities on a site with virtually no development or community context today. Eventually, it could support up to 20,000 graduate students, faculty, staff and their families, and even provide services to people from other institutions in Education City.

As the SCUP Award recognises, the University Village will embody the region's rich cultural history and heritage. Drawing inspiration from Muslim city-building traditions in Pakistan, South Asia and North Africa and successful examples of modern-day housing in the same part of the world, the Village has a people-centred approach to urban architecture. Buildings are at a more human scale and designed to expand individual hous-



*Top: A perspective view of one of the pedestrian streets.
Right: A sketch of the University Village Centre.*

Goody Clancy

ing choices and provide an inviting community life, while public spaces are meant to encourage interaction and opportunities for the exchange of ideas.

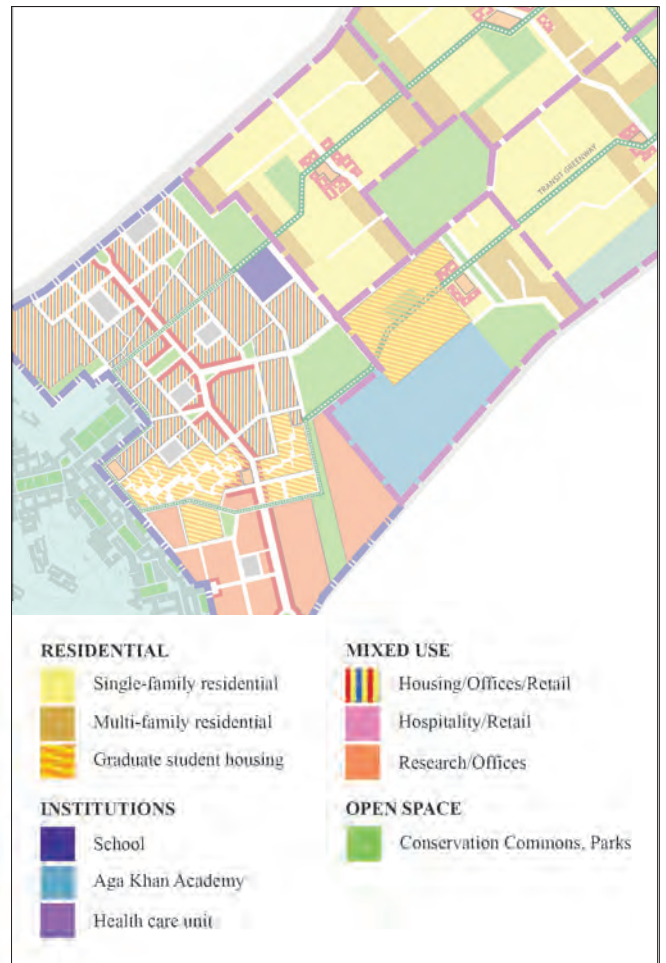
The University Village is to be an effective 21st century 'community of learning'; one that integrates the community with the campus in an effort to mix real-life experiences with in-class learning. The attempts to promote cooperation and collaboration between students, academics and residents is through pedestrian-oriented development – by providing an alternative to the car, and many formal and informal invitations for a diverse community to meet and learn from each other, the plan sets the stage for rich academic and cultural discovery.

The social heart of the new township is the Village Centre, located at the edge of the University and signalling the transition from campus to community. It is set to be a dynamic hub of activity, accommodating research facilities and professional offices, multi-unit housing and cafes, restaurants and a conference centre. The Village Centre links with four lively residential neighbourhoods through a transit 'greenway', a network of streets, pathways and squares that will provide the arteries for walking and bicycling in the area, connecting the many parks, playfields and public plazas that can help bring people together, recreationally and socially. By encouraging walking, the town bolsters a sense of community, accessibility, health and care for the environment.

The residential areas combine single and multi-family accommodations with local services and open spaces radiating out from a village common, a natural recreational area. Overall, the village will provide high quality places for its community to live, work, study and play.

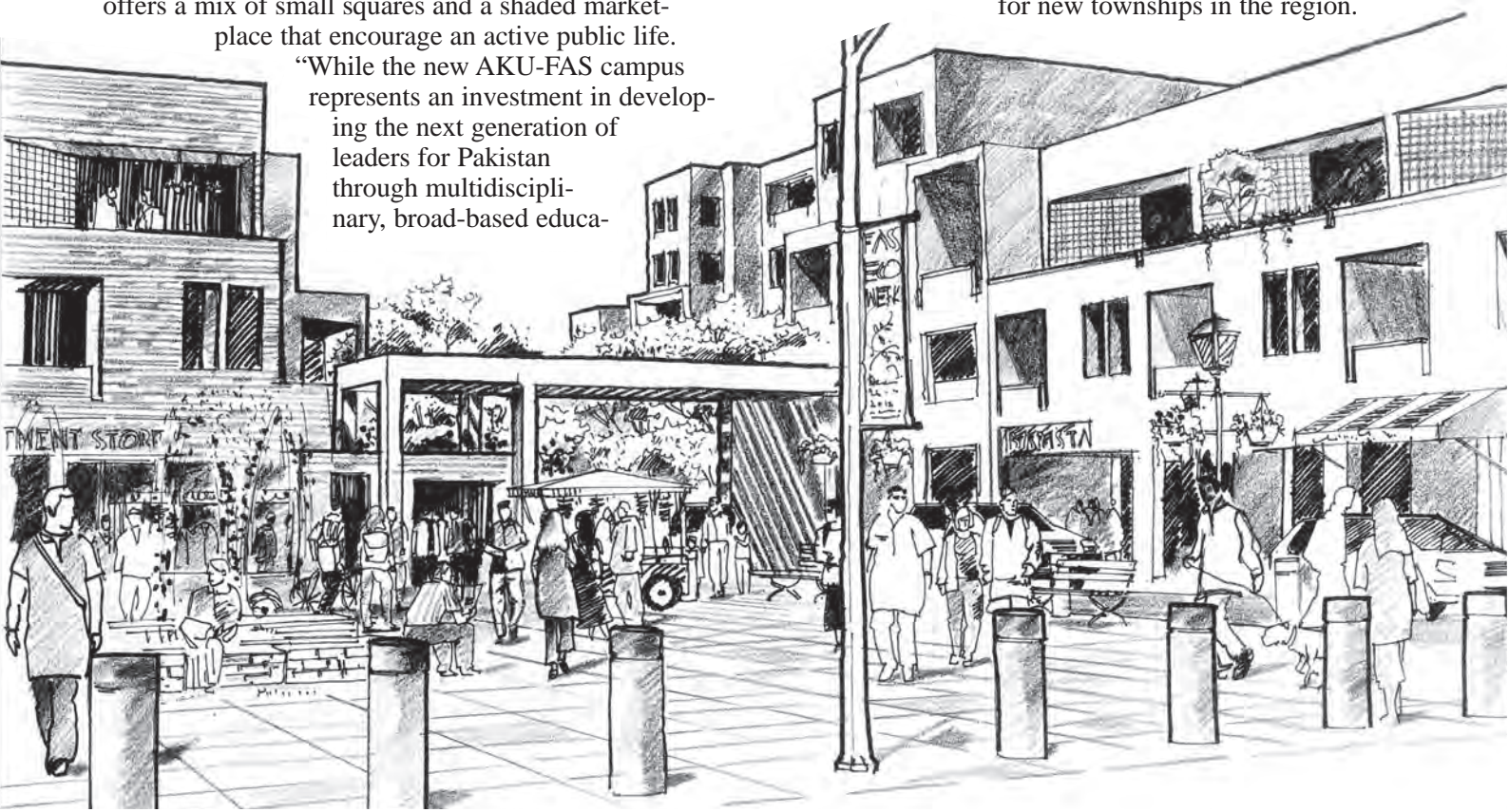
Not least of all, the University Village demonstrates physical adaptations to the environment. In an area that is arid and hot, and in which water is a scarce resource, the village's shaded narrow streets and lattice-covered walkways will make walking a pleasant experience. In place of large public spaces, the plan offers a mix of small squares and a shaded marketplace that encourage an active public life.

"While the new AKU-FAS campus represents an investment in developing the next generation of leaders for Pakistan through multidisciplinary, broad-based educa-



A magnified view of the award-winning master plan. / Goody Clancy

tion that develops the ability to learn how to learn, to adapt to an ever-changing world," says Firoz Rasul, President, AKU, "the University Village will provide a vibrant campus community where students, faculty and staff living, working and learning together, can develop together." Here is a community that can be a model for new townships in the region.



“An ‘African’ Centre of Excellence”

Meet Dr Robert Armstrong, Foundation Dean of the new Medical College, Faculty of Health Sciences in East Africa. He was Associate Professor and Head, Department of Paediatrics at the University of British Columbia (BC) and Chief, Paediatric Medicine at BC Children's Hospital and BC Women's Hospital, before he joined AKU. He has a BSc degree from Simon Fraser University; an MD, and an MSc and PhD in Human Growth and Development from McMaster University. Dr Armstrong has conducted extensive research in the areas of childhood disability, the development of population-based strategies for the prevention of developmental disorders, and clinical and health service strategies for improving outcomes of children with disabilities.

Why is the Aga Khan University establishing a Faculty of Health Sciences in East Africa?

AKU is part of the Aga Khan Development Network (AKDN) which has a long and distinguished presence in Eastern Africa. Establishing a comprehensive regional university in East Africa is a natural extension of this long term commitment to the region. AKU already has an Institute for Educational Development, East Africa for teacher development, has offered programmes for upgrading nursing in Tanzania, Uganda and Kenya and trained specialist doctors through its postgraduate medical education programme in Kenya and Tanzania. We will now be significantly expanding through the establishment of two Faculties – Health Sciences in Nairobi, Kenya and Arts and Sciences in Arusha, Tanzania in addition to several graduate professional schools.

East Africa is facing many challenges to development: low and in some cases deteriorating health outcomes, environmental degradation and the negative effects of climate change, extreme poverty and under-performance in economic development, and lack of competence in management and governance. At the same time there is concern about dropping standards in university education and the poor performance of universities in research and innovation. Universities are important drivers for social and economic advancement of societies and without strong universities, East Africa will not succeed in addressing the problems it faces or take advantage of opportunities.

AKU's transition to a comprehensive university of regional relevance is in response to these challenges and emerging opportunities. It is a very ambi-



Samwel Nyakondo

tious and exciting transition and offers enormous scope to be an important intellectual and economic stimulus in the region and to develop leaders that can help transform society.

As Foundation Dean of the Medical College, what challenges and opportunities do you foresee?

I may hold the title of Foundation Dean but I can assure you a great deal of thinking and hard work went into the planning of the Faculty before I arrived. Our Nairobi campus will serve as an ‘African’ Centre of Excellence, impacting health services and health care knowledge within the East African Community and beyond. There is a tremendous need to improve the entire spectrum of health care – from education to service – and the Medical College will bring new energy and expertise to addressing these gaps. We want to ensure that our faculty have the resources and facilities to succeed as teachers, researchers and clinicians so that we are able to retain them within our East African community.

We have a vision of a new type of professional who is prepared for working differently in the 21st century, who can succeed in tomorrow's knowledge economy! The graduates from our programmes will be more connected with the needs of their community, will understand the determinants of issues of concern to local communities, will be more effective in collaborative work environments and will be excellent professionals who have critical thinking and problem solving abilities and who will be trained as continuous learners. They will have leadership skills that will allow them to more effectively identify needs and be able to translate needs into action for improvement.

We are hard at work designing the new learning environment that our students will experience and it is very exciting. The Faculty of Arts and Sciences (FAS) and the Faculty of Health Sciences (FHS) are working together to design an educational pathway that starts with a common liberal arts and science curriculum that all students entering the university will take. This means that medical and nursing students will learn together along with students from the arts and sciences.

The focus on collaboration across disciplines will be modelled in the way we build our research programmes and support professional development of our faculty and staff. Research programmes will be based on themes that are relevant to East Africa, will be multidisciplinary and will move back and forth between community and laboratory, finding the solutions to local concerns. For example, chronic disease (such as cancer, diabetes, high blood pressure and heart diseases) has been identified as a research focus for AKU. We will bring together expertise in medicine and nursing, the arts and sciences, and the professional schools to build a programme of research focused on key issues of concern related to chronic disease. Students at all levels of training will be engaged in projects within this theme, having the real-life opportunity to ask important questions, to acquire research skills, and to experience the power of collaboration and communication. We will take the same approach to professional development and continuing education.

However, our future success is not without challenge! Capacity is always the challenge and a major one in resource-poor environments. We need a broad range of expertise in our faculty and staff, both to establish and then to operate the FHS. Finding, training and retaining these people is our key challenge. We are also stretched by timelines ensuring that the facilities we need to build, the curriculum we are designing, and the students we are recruiting all align to a single start date.

The last challenge I would mention is finding a range of high-school students from different communities and various socio-economic backgrounds whose interest, intellect and initiative will allow them to be successful in our programmes and who will emerge as the excellent physicians and leaders we are striving to produce.

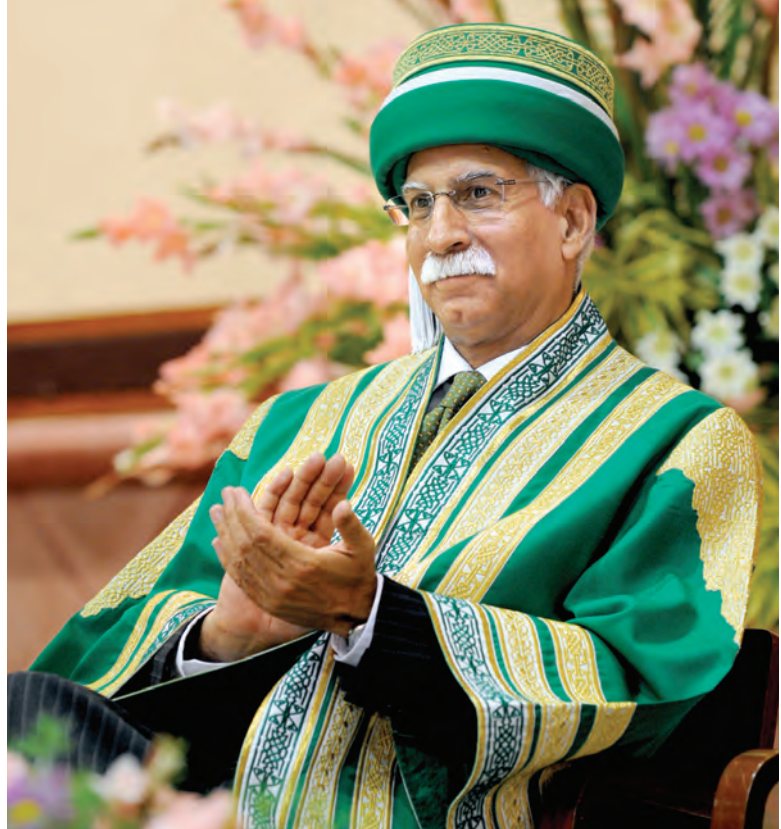
What role do international partnerships play in the development of the University?

As we establish the comprehensive university, we start from a position of empowering our own faculty to be the central core of what we want to achieve. Our faculty will be largely East African and we want them to be the leaders and shapers of the future. We are an international university and encourage an international mix to our faculty, as this provides a breadth of experience and perspectives that will be especially important to a young faculty in development. We have secured partnerships with universities around the world who understand the ambition we have for our faculty and will support this leadership role in the research, training and other relationships we develop. We are very fortunate in our current partners who fully understand and support this strategy and are excited to contribute to the development of our two new Faculties.

For example, FAS is working with Harvard University in the design of the undergraduate curriculum. In 2011, FAS and Harvard will be starting a Summer Institute that will bring together students and faculty from Harvard and from East Africa to explore common materials for undergraduate education in African studies. The University of Alberta in Canada works very closely with our team as we design the clinical years of the medical curriculum. The partnership also includes the advanced clinical training of nursing and medical specialists and building research collaborations. A similar relationship is being built with the University of California at San Francisco where our joint interest in the role of primary care in improving health outcomes and health system performance in low-income countries will be developed.

AKU has identified maternal and child health as one of its Centres of Excellence. As an advocate of developmental paediatrics and early childhood development, how do you see this moving forward?

Needless to say, I am pleased to see AKU identify maternal and child health as an important area of focus. This is of course not surprising as children represent the future of a country or region. This also recognises the central importance of maternal health and newborn and child health within the Millennium Development Goals set by the United Nations. Personally, I am interested in the interface between health care and the systems that support the healthy development of children, and the strategies that we might use at a population level to improve outcomes of health and development in young children. I also want to be sure that as we develop a comprehensive university, we recognise the critical role of human development and particularly early child development in understanding and influencing improvements in our society. Our education programmes, research, organisational structures and collaborations should reflect this central understanding of human development.



Convocation 2010

Aga Khan University's 23rd Convocation in Karachi, on November 13, was celebrated with much fanfare. Mr Khushnood Lashari, Health Secretary, Ministry of Health was the chief guest at the morning ceremony, which saw the Institute for Educational Development graduate 21 students and the School of Nursing 162 nurses, 12 of whom received a Master's degree. At the afternoon ceremony, with Justice Sarmad Osmany, Chief Justice, Sindh High Court as the chief guest, the Medical College graduated 97 doctors and granted 24 Master of Science degrees. There were 19 Master of Bioethics graduates also, the first class from this programme at the University.



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Telephone: +92 21 3493 0051 | Fax: +92 21 3493 4294 | Email: public.affairs@aku.edu | Website: www.aku.edu

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